



9-22-04

Express Mail No. EV544477509US
Client/Matter No. 81419.0005.005
Attorney Docket No. AM101604 CIP2 CON

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:
Gamble, William R., et al.

Serial No. 10/622,249

Filed: July 18, 2003

For: HIGH MOLECULAR WEIGHT PRIMARY
ALIPHATIC ALCOHOLS OBTAINED FROM NATURAL
PRODUCTS AND USES THEREOF

Group Art Unit: 1621

Examiner: Peter O'Sullivan

CERTIFICATE OF MAILING BY EXPRESS MAIL

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450


Sir:

The undersigned hereby certifies that the following documents:

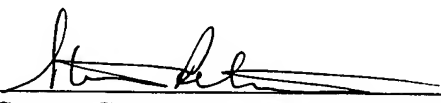
1. Amendment Under 37 C.F.R. § 1.111;
2. Petition for Extension of Time Under 37 CFR 1.136(a);
3. Terminal Disclaimer to Obviate a Double Patenting Rejection Over a Prior Patent;
4. Fee Transmittal;
5. Check in the amount of \$1060;
6. Return postcard; and
7. Certificate of Mailing by Express Mail


relating to the above application, were deposited as "Express Mail," Mailing Label No. EV544477509US, with the United States Postal Service, addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

9/21/04
Date

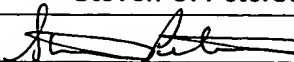

Mailer

9/21/04
Date


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 FEE TRANSMITTAL for FY 2004		Complete if Known	
		Application Number	10/622,249
		Filing Date	July 18, 2003
		First Named Inventor	Gamble, William R.
		Examiner Name	Peter O'Sullivan
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Group / Art Unit	1621
TOTAL AMOUNT OF PAYMENT (\$1060)		Attorney Docket No.	AM101604 CIP3 CON

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)																																																																																																																													
<input checked="" type="checkbox"/> check <input type="checkbox"/> credit card <input type="checkbox"/> money order <input type="checkbox"/> other <input type="checkbox"/> none <input type="checkbox"/> Deposit Account Deposit Account Number: 50-1123 Deposit Account Name: Hogan & Hartson L.L.P. The Commissioner is hereby authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) for this filing <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account		3. ADDITIONAL FEES																																																																																																																													
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SUBMITTED BY Complete (if applicable)		Registration No.		Telephone	
Name (Print/Type) Steven C. Petersen		(Attorney/Agent) 36,238		720-406-5315	
Signature 				Date 9/21/04	